

Member#: _____

Tour Guide: _____ Date of Tour: _____ Time of Tour: _____

Wellness Center Central

Membership Application

The purpose of Wellness Center Central is to provide a safe and nurturing environment for each individual to achieve their vision of recovery while promoting acceptance, dignity and social inclusion.

Members must be at least 18 years of age, live in Orange County and have been or is currently receiving mental health services.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: _____ Language(s) Spoken: _____

Are you a Veteran? *(Please circle one)* Yes / No

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship to you: _____

How did you hear about Wellness Center Central? *(Please circle one)*

Friend Current Member Family Member Another Wellness Center
Community Clinic/Hospital (which one) _____ Other _____

Are you currently a member of another Wellness Center? *(Please circle all that apply)*

Wellness Center South Wellness Center West Currently Not a Member

What is your interest in joining Wellness Center Central? _____

What is important to you in your personal journey of recovery? _____

Which of the following areas of recovery are you most interested in?

Emotional

Spiritual

Physical

Social

Are you interested in any of the following:

Volunteering at Wellness Center Central Yes / No

Volunteering in the Community Yes / No

Finding employment in the Community Yes / No

Facilitating groups/activities Yes/No

What social activities are you interested in? *(Please circle all that apply)*

Nature Walks

Field Trips

Dance

Socializing

Drama

Other _____

Are you interested in pursuing education? If yes, which educational activities are you interested in?

GED/Diploma

Certificate Program

Two Year Degree Program

Four Year Degree Program

Self Improvement

Other _____

Which life skills would you like to enhance in your life? (Example: cooking, budgeting, organizing, coping skills, computer skills, etc.) _____

Which sports are you interested in? *(Please circle all that apply)*

Volleyball

Basketball

Bowling

Horse Shoes

Frisbee Golf

Badminton

Other _____

Do you have any hobbies or interests you would like to pursue at Wellness Center Central?

Do you have a medical condition that you want us to be aware of? Yes / No

If yes, what should we do in case of an emergency? _____

By signing this form, I agree that I am at least 18 years of age, I live in Orange County and I have been or am currently receiving mental health services.

*Membership will be renewed annually in May.

Signature: _____ Date: _____

Wellness Center (Central)

Guidelines to Exiting Members

Members may be asked to exit the center and/or placed on a suspension when they violate any one of the signed and agreed Wellness Center's Social Agreement upon their membership. Upon a violation, a Wellness Center manager/leader will sit down with a member to counsel and explain about the violation and the social agreement. Wellness Center manager will also provide other resources as needed.

Course of Action for Minor Offenses

- **1st Violation** - members may be asked to exit the center for one business day
- **2nd Violation** - members may be asked to exit the center for three business days
- **3rd Violation** - members may be asked to exit the center for one week

****In the event of a repeated offense or various offenses committed by the same member, we may ask the member to exit for longer than one week. It may be increased by two week increments***

Course of Action for Serious Offenses

- **1st Violation** - members may be asked to exit the center for one month
- **2nd Violation** - members may be asked to exit the center for two months
- **3rd Violation** - members may be asked to exit the center for six months

****Members may be asked to exit the center for a longer period of time based on the discretion of the Wellness Center staff. Factors such as personal history as well as the severity of the offense will be considered. Each situation will be assessed on a case by case basis.***

Categories of Offenses

Minor Offenses

Being disrespectful to others

- Invading personal space
- Verbally being disrespectful

Being disrespectful to the environment

- Continuously smoking in the wrong area
- Spitting on floors/carpets inside of building
- Causing minor property damages. Member will be asked to pay for damages.

Foul language

Being disruptive in class

Yelling and screaming

Provoking others

Serious Offenses

Physical or sexual abuse, assault and/or aggressive behavior. Police will be notified.

Possession of a firearm or concealed weapon. Police will be notified immediately.

Theft

***With evidence/staff witness. Police will be notified.**

Serious verbal and serious physical threats such as a Tarasoff situation. Police will be notified as well as the potential victim.

Indecent exposure

Spitting at someone

Intentional Breach of Security

- Server
- Infecting computers with malicious software
- Accessing confidential PHI

Serious property damage. Member will be asked to pay for damages and police will be notified.

Performing consensual sex acts on Campus

Sale and/or possession of an illegal substance or paraphernalia. Police will be notified.

Consistently and persistently bullying someone

Engaging in harassing behaviors including sexual harassment

Upon being exited, the member must leave immediately leave the Tustin campus and may not return until arranging a meeting with the Program Director after the end of the exit period. An exited Member shall not be considered a Member in good standing during the period of exiting, and shall take no part in any program activities, events, outings, games, groups, hobby classes, right, and interests belonging to any of the Wellness Centers (Central, South, or West) until such time that the Member complies with the requirements for reinstatement.

Reinstatement

1. For reinstatement after an exit, the Member must meet with the Program Director and other designated staff at Wellness Center Central.
2. Wellness Center Central staff will review the Social Agreement with the Member and ask the Member to sign and date the social agreement acknowledging their commitment to follow the social agreements.
3. Wellness Center Central staff will discuss any further requirements for reentry, such as specific classes or groups to help the member avoid further infractions.
4. The other Wellness Centers will be informed when a member has been reinstated.
5. The returning Member's attendance will be monitored to assure that member is complying with reentry requirements.

WELLNESS CENTER CENTRAL

Social Agreements

Member Rights

- You have the right to protection from harm.
- You have the right to accept or deny our services.
- You have the right to be treated with dignity and respect.
- You have the right to participate in designing a plan to meet your needs.
- You have the right that your information will be kept private.

Social Agreements

- While at the Wellness Center, I will participate in a group or activity.
- I will respect the environment by keeping the Wellness Center clean and useable for all by consuming food and/or beverages in designated areas only.
- I understand that person-to-person solicitation for personal financial gain is not allowed at the center unless it's previously approved by MAB and the management at the Wellness Center.
- I will smoke in the designated smoking area only.
- Drugs, alcohol and paraphernalia are NOT permitted on the Wellness Center premises.
- I will take full responsibility for my belongings.
 - Personal belongings should be left at home whenever possible. Members may be asked to leave personal belongings in their vehicle.
 - Wallets and/or purses containing personal identification should remain with the member at all times.
- I will be respectful of those who share my community, which includes:
 - Not engaging in verbally or physically aggressive behavior.
 - Not bullying members and/or staff verbally, physically or electronically.
 - Not engaging in any sort of harassment including sexual harassment.
- I will not bring items onto the Wellness Center premises that may compromise my safety or the safety of others.
 - Weapons of any kind (knives, guns, pepper spray, taser, etc.) are not permitted on the Wellness Center premises.
- I will be aware of my surroundings when discussing topics associated with my protected health information.
- While at the Wellness Center I will respect and follow all group rules.
 - I will be respectful of others wanting to use the **Computer Room**. I will not stay on the computer for more than 30 minutes at a time.
 - I will be respectful of others while using games in the **Game Room**. I will respect the condition of the room and its contents. I will communicate with a peer mentor any need or concerns and will be mindful of others who also want to participate. I will ask a peer mentor to set up all electronic games.
 - I will be respectful of the serenity of others and will help keep noise and distractions to a minimum while in the **Meditation Room**.
- I will follow all rules while on outings with the Wellness Center.

- Before being transported in any vehicle, all personal belongings will be placed in the trunk of the vehicle.
 - No distraction of the driver will be permitted while the car is in motion.
 - Smoking is not permitted in any vehicle.
 - Drugs, alcohol and paraphernalia are not permitted in any part of the vehicle.
 - Weapons of any kind (knives, guns, pepper spray, taser, etc.) are not permitted in any vehicle.
- If the van driver suspects a member has been using alcohol or drugs, he/she reserves the right to refuse transportation.

Member Compliance

By signing this agreement, I agree to abide by the rules of the program as determined by the Member Advisory Board (MAB). If I am suspected of breaking one or more of the Wellness Center rules, the Center will convene a group led by the Program Director and any staff involved in the incident to discuss the incident and determine the appropriate course of action. I am aware that I may be suspended for a length of time as determined by the management team and MAB. The duration of the suspension will depend on the severity of the incident. Please refer to the attached *Guidelines for Exiting Members*.

I understand that when I get exited from one location, I am also being exited from the entire Tustin campus and all three Wellness Center locations. My exit information will be shared with the other sites.

NAME _____ DATE _____
(Please print clearly)

SIGNATURE _____

Wellness Center Central
MEMBER QUALITY OF LIFE SURVEY
2020

Member Number: _____ Date: _____

| | | Strongly Disagree | | | Strongly Agree | | |
|---|--|-------------------|---|----|----------------|---|--|
| Questions | | 1 | 2 | 3 | 4 | 5 | Comments/Suggestions (Please be specific) |
| 1 | I participate in more social activities in my community. | | | | | | |
| 2 | I am better able to deal with crisis. | | | | | | |
| 3 | I am getting along better with my family. | | | | | | |
| 4 | I do better in social situations. | | | | | | |
| Employment | | | | | | | |
| 5 | I am more interested in work. | | | | | | |
| 6 | I have gained employment. (Please circle yes or no.) | YES | | NO | | | |
| Education | | | | | | | |
| 7 | I am more interested in furthering my education. | | | | | | |
| 8 | I have enrolled in an educational institution. (Please circle yes or no.) | YES | | NO | | | |
| Volunteerism | | | | | | | |
| 9 | I am more interested in volunteering. | | | | | | |
| 10 | I am now volunteering in the community. (Please circle yes or no.) | YES | | NO | | | |
| 11 | I do better in school, work and/or volunteering. | | | | | | |
| Well Being | | | | | | | |
| 12 | My symptoms are not bothering me as much. | | | | | | |
| 13 | I do things that are more meaningful to me. | | | | | | |
| 14 | I am better able to take care of my needs. | | | | | | |
| 15 | I am better able to handle things when they go wrong. | | | | | | |
| 16 | I am happy with the friendships I have. | | | | | | |
| 17 | I have people with whom I can do enjoyable things. | | | | | | |
| 18 | I feel I belong in the community. | | | | | | |
| 19 | Please name group(s) that have been helpful to improve your quality of life as listed above. | | | | | | |
| <i>Please use back of page for additional comments.</i> | | | | | | | |